

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAH41913288

Date In: 07/10/2009 12:42	Job description	Date & Time Completed	Done by
Ref No: N/A/MSR9017578/Y	SAS e-filing		
Veh No: SMV 5387A	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 05/10/2009 11:05	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GPF 39817	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Damage Details:	

MAH41907499	Invoice Details	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):	
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Auditors Comments:	
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2/2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/10/2019 12:42
Date Of Accident	05/10/2019 11:05
Exact Location Of Accident	JALAN BUKIT MERAH AND HOY FATT ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5397A
Insured/Policyholder	
Name Of Registered Owner	CHAMPION SPORTS PTE LTD
Co Reg No	-
Email Address	CHAMP3@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98279099
Alternative Phone No	OFFICE-63366276

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29129868 ATM
Cover Note Number	

Driver

Name of Driver	MRS NINA SACHDEVA @ NEENA NANDA
NRIC No	S2555856A
Date Of Birth	17/10/1957
Occupation	INDOOR
Date Of Driving Pass	14/01/1988
Driving Experience	31 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98279099
Fax Number	
Contact Number	OFFICE-63366276
Email Address	CHAMP3@SINGNET.COM.SG

Address	22 SIGLAP ROAD
Postcode	455861
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3981T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

CHAMPION SPORTS PTE LTD

3 Coleman Street #04-38/39

Peninsula Shopping Centre

Singapore 179304

Tel: (65) 63361059, (65) 63366276

Email: champion@singnet.com.sg

Policyholder's Signature

Date & Time: 7/10/2019

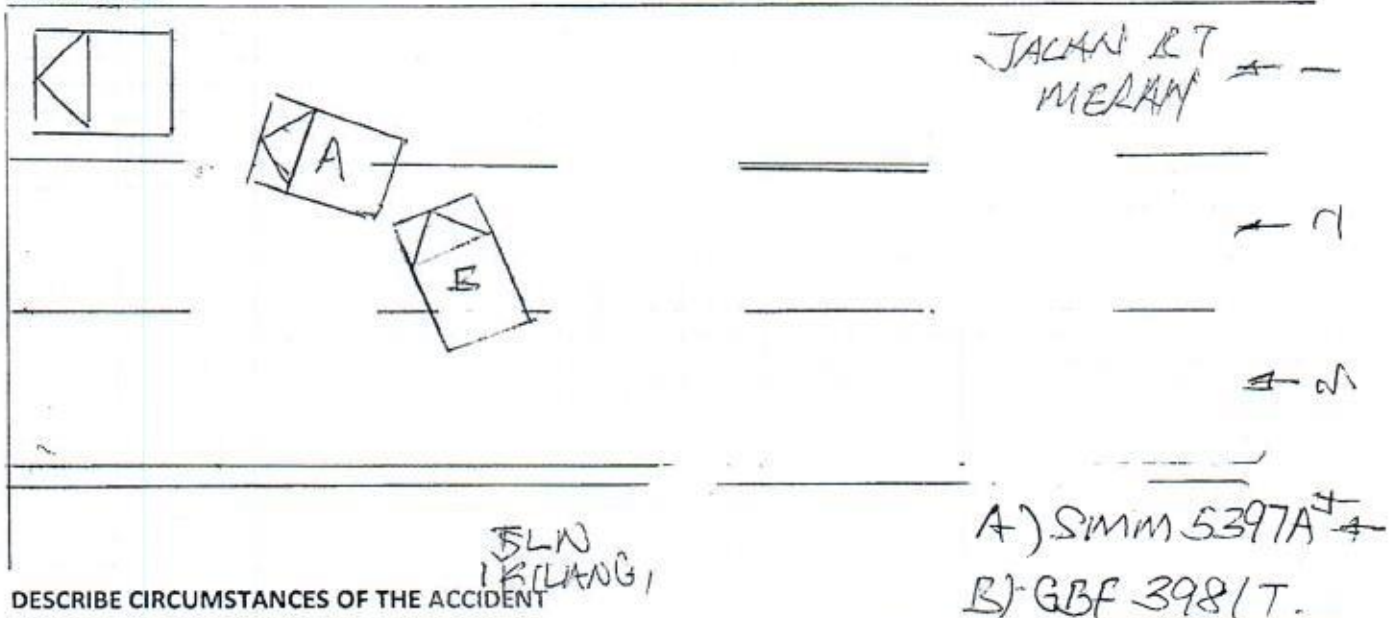
Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Kef 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had turn out from Jalan Kilang onto Jalan Bukit Merah Road. I was behind a stationary car at the junction.

Suddenly I felt an impact from the rear then I alighted to check and realized GBF 3981T had banged onto me.

The person came down to discuss the matter and as I was in a state of shock and panic I was not aware he was not the driver.

We exchanged phone nos and name. He was a Mr Teo Jie Xiang and no. 92333378. I later called to ask for drivers details as my office told me to. He replied OK but later when I called again he didn't respond.

About 3 hours later a no 96686088 appeared on my mobile and the caller was Mr Vincent Foo, who claimed to be the owner of the van, how we should settle this matter.

I told him I had to talk to my company before giving any decision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CHAMPION SPORTS PTE LTD

3 Coleman Street #04-38/39

Peninsula Shopping Centre

Singapore 179304

Tel: (65) 63361059, (65) 63366276

Email: champ3@singnet.com.sg

07/10/2018
Koh
Wan

SINGAPORE ACCIDENT STATEMENT

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 7.10.2019
 Date Of Accident / Time 5.10.2019 11:04 am
 Exact Location Of Accident at Bukit Merah and Hoy Fatt Junction
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM 5397A
 Insured/Policyholder CHAMPION SPORTS P/L
 Name Of Registered Owner COMPANY Cha
 NRIC No 100-REG NO.
 Email Address
 Mobile Phone No
 Alternative Phone No 63366276
 Vehicle Particulars
 Manufacturer TOYOTA
 Model CAMPY.
 Exact Purpose for which vehicle was being used at time of accident WORK.
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category SALVAN
 Insurance Company
 Name of Insurance Company MSIC
 Type Of Coverage COMPREHENSIVE
 Fleet Policy
 Policy Number A 29129868 ATM
 Cover Note Number
 Driver
 Name of Driver NINA SACHDEVA (MRS)
 NRIC No ~~S255~~ S2555856A
 Date Of Birth 17 10 1957
 Occupation
 Date Of Driving Pass 14 JAN 1988
 Driving Experience
 Gender FEMALE
 Mobile Number
 Fax Number 98279099.
 Contact Number
 Email Address

Address

Postcode

Was driver an employee of the Insured's Company

YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

N/A

General Information of the Accident

Type Of Accident

Head To Road

Weather Conditions

Clear

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) P1

Details of Police Action

N/A

Was the accident reported to the police?

N/A

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF 3981T

Vehicle Make/Model/Colour

BLACK

Details Of Properties

Name of Driver

NOT KNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

02

Details of Witness

Name

Phone Number

Email Address



MSIG

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4
Company Ownership

Toyota DriveElite2
Comprehensive

Certificate No. A 29129868 ATM

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMM5397A

2. Name of Policyholder
Champion Sports Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
03/07/2019

4. Date of Expiry of Insurance
02/07/2021

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA4415/32399 Vehicle Registration No: SMM5397A
Name (as shown in NRIC) : YUS LINA SACHARVA @ NIKHIL KUMAR NRIC/FIN/Passport No : S2557836A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 63366276 Mobile No. : 98779099
Email Address : _____
Date of Accident : 05/10/2018 Time of Accident : 11:05
Place of Accident : JALAN BUKIT MARIT AND HOY FAN ROAD JUNCTION
Insurance Company : MLI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

We wish to ammend the claim from 3rd party
to claiming own insurance.

CHAMPION SPORTS PTE LTD

3 Coleman Street #04-38/39

Peninsula Shopping Centre

Singapore 179604

Tel: (65) 63381059, (65) 63366276

Email: champ3@singnet.com.sg

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

11/10/2018

Rashid Murtaza